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AMENDED IN ASSEMBLY AUGUST 15, 2008
AMENDED IN ASSEMBLY AUGUST 8, 2008
AMENDED IN ASSEMBLY JULY 14, 2008
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AMENDED IN ASSEMBLY JUNE 11, 2007
AMENDED IN SENATE MARCH 12, 2007

SENATE BILL

No. 158

Introduced by Senator Florez

January 30, 2007

An act to amend Sections 1288.5 and 1288.8 of, and to add Sections 1279.6, 1279.7, 1288.45 and 1288.95 to, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 158, as amended, Florez. Hospitals: patient safety and infection control.

Existing law provides for the licensure and regulation by the State Department of Public Health of health facilities, including general acute

care hospitals, acute psychiatric hospitals, and special hospitals, as defined. A violation of these provisions is a crime.

This bill would require health facilities, as defined, to develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. The bill would require the patient safety plan to establish a patient safety committee composed of health care professionals, and to contain other prescribed elements.

This bill would also require health facilities, as defined, to implement a facility wide hand hygiene program and, beginning January 1, 2011, would prohibit the use of intravenous, epidural, or enteral feeding connections that would fit into a connection port other than the type it was intended for, unless an emergency or urgent situation exists and the prohibition impairs the ability to provide health care.

~~Existing law requires health facilities to implement various measures to protect against the spread of infection in health facilities.~~

Existing law establishes the Hospital Infectious Disease Control Program, which, among other things, requires the department and general acute care hospitals to implement various measures relating to disease surveillance and the prevention of ~~health-care-associated~~ *health-care-associated* infection (HAI). In that regard, the department is required, by July 1, 2007, to appoint a Healthcare Associated Infection Advisory Committee (HAI-AC), composed of specified members, to make recommendations related to methods of reporting cases of hospital acquired infections occurring in general acute care hospitals, as provided.

Existing law also requires each general acute care hospital, in collaboration with infection prevention and control professionals, and with the participation of senior health care facility leadership, as a component of its strategic plan, at least once every 3 years, to prepare a written report that examines the hospital's existing resources and evaluates the quality and effectiveness of the hospital's infection surveillance and prevention program, including specified information.

This bill would establish a health care infection surveillance, prevention, and control program within the department and require the department, the HAI-AC, and general acute care hospitals, as defined, to take specified actions to implement the program.

This bill would also require, no later than January 1, 2010, specified training for a physician designated as the hospital epidemiologist or infection surveillance, prevention, and control committee chairperson.

Also, beginning in January 2010, the bill would require prescribed training for other hospital staff, as specified.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares all of the
2 following:

3 (1) During the past two decades, ~~hospital-associated~~
4 *health-care-associated* infections (HAI), especially those that are
5 resistant to commonly used antibiotics, have increased dramatically
6 in California.

7 (2) There is currently no system within the State Department
8 of Public Health to determine the incidence or prevalence of HAI
9 or to determine if current infection prevention and control measures
10 are effective in reducing HAI.

11 (3) A significant percentage of HAI can be prevented with
12 intense programs for surveillance and the development,
13 implementation, and constant evaluation and monitoring of
14 prevention strategies.

15 (4) There is currently inadequate regulatory oversight of hospital
16 surveillance, prevention, and control programs by the department.

17 (5) The protection of patients in a general acute care hospital is
18 of paramount importance to the citizens of California.

19 (6) Existing state law requires the department to establish and
20 maintain an inspection and reporting system to ensure that general
21 acute care hospitals are in compliance with state statutes and
22 regulations. Existing law also requires general acute care hospitals
23 receiving funding from the federal Centers for Medicare and
24 Medicaid Services to be in compliance with the federal regulations
25 known as the “conditions of participation.”

(b) It is the intent of the Legislature to enact legislation to ensure the occurrence of all of the following:

(1) Establishment of an infection surveillance, prevention, and control program within the State Department of Public Health.

(2) Dissemination of current evidence-based standards of hospital infection surveillance, prevention, and control practices.

(3) Improvement of regulatory oversight.

(4) Reports of the incidence rate of designated HAI are made to the department, and as applicable, to the National Healthcare Safety Network (NHSN) of the federal Centers for Disease Control and Prevention.

(5) Development and implementation of an Internet-based public reporting system that summarizes the incidence rate of HAI. ~~reporting system that summarizes the incidence rate of HAI.~~
reporting system on HAI.

(6) Maintenance of a sanitary environment and patient hygiene to avoid transmission of pathogens that cause HAI.

SEC. 2. Section 1279.6 is added to the Health and Safety Code, to read:

1279.6. (a) A health facility, as defined in subdivision (a), (b), (c), or (f) of Section 1250, shall develop, implement, and comply with a patient safety plan for the purpose of improving the health and safety of patients and reducing preventable patient safety events. The patient safety plan shall be developed by the facility, in consultation with the facility's various health care professionals.

(b) The patient safety plan required pursuant to subdivision (a) shall, at a minimum, provide for the establishment of all of the following:

(1) A patient safety committee or equivalent committee in composition and function. The committee shall be composed of the facility's various health care professionals, including, but not limited to, physicians, nurses, pharmacists, and administrators. The committee shall do all of the following:

(A) Review and approve the patient safety plan.

(B) Receive and review reports of patient safety events as defined in subdivision (c).

(C) Monitor implementation of corrective actions for patient safety events.

(D) Make recommendations to eliminate future patient safety events.

1 (E) Review and revise the patient safety plan, at least once a
2 year, but more often if necessary, to evaluate and update the plan,
3 and to incorporate advancements in patient safety practices.

4 (2) A reporting system for patient safety events that allows
5 anyone involved, including, but not limited to, health care
6 practitioners, facility employees, patients, and visitors, to make a
7 report of a patient safety event to the health facility.

8 (3) A process for a team of facility staff to conduct analyses,
9 including, but not limited to, root cause analyses of patient safety
10 events. The team shall be composed of the facility's various
11 categories of health care professionals, with the appropriate
12 competencies to conduct the required analyses.

13 (4) A reporting process that supports and encourages a culture
14 of safety and reporting patient safety events.

15 (5) A process for providing ongoing patient safety training for
16 facility personnel and health care practitioners.

17 (c) For the purposes of this section, patient safety events shall
18 be defined by the patient safety plan and shall include, but not be
19 limited to, all adverse events or potential adverse events as
20 described in Section 1279.1 that are determined to be preventable,
21 and ~~hospital-associated~~ *health-care-associated* infections (HAI),
22 as defined in the federal Centers for Disease Control and
23 Prevention's National Healthcare Safety Network, or its successor,
24 unless the ~~Department~~ *department* accepts the recommendation
25 of the ~~Healthcare-Associated~~ *Associated* Infection Advisory
26 Committee, or its successor, that are determined to be preventable.

27 SEC. 3. Section 1279.7 is added to the Health and Safety Code,
28 to read:

29 1279.7. (a) A health facility, as defined in subdivision (a), (b),
30 (c), or (f) of Section 1250, shall implement a facility-wide hand
31 hygiene program.

32 (b) Beginning January 1, 2011, a health facility, as defined in
33 subdivision (a), (b), (c), or (f) of Section 1250, is prohibited from
34 using an intravenous connection, epidural connection, or enteral
35 feeding connection that would fit into a connection port other than
36 the type it was intended for, unless an emergency or urgent
37 situation exists and the prohibition impairs the ability to provide
38 health care.

39 SEC. 4. Section 1288.45 is added to the Health and Safety
40 Code, to begin Article 3.5 of Chapter 2 of Division 2, to read:

1 1288.45. For purposes of this article, the following definitions
2 shall apply:

3 (a) “Advisory committee” or “HAI-AC” means the Healthcare
4 Associated Infection Advisory Committee established pursuant to
5 Section 1288.5.

6 (b) ~~“Hospital-associated infection”~~ “*Health-care-associated*
7 *infection*,” “*health facility acquired infection*,” or “HAI” means
8 an infection defined by the National Health and Safety Network
9 of the federal Centers for Disease Control and Prevention, unless
10 the department adopts a definition consistent with the
11 recommendations of the advisory committee or its successor.

12 (c) “Hospital” means a general acute care hospital as defined
13 pursuant to subdivision (a) of Section 1250.

14 (d) “Infection prevention professional” means a registered nurse,
15 medical technologist, or other salaried employee or consultant
16 who, within two years of appointment, will meet the education
17 and experience requirements for certification established by the
18 national Certification Board for Infection Control and
19 Epidemiology (CBIC), but does not include a physician who is
20 appointed or receives a stipend as the infection prevention and
21 control committee chairperson or hospital epidemiologist.

22 (e) “MRSA” means methicillin-resistant *Staphylococcus aureus*.

23 (f) “National Healthcare Safety Network” or “NHSN” means
24 a secure, Internet-based system developed and managed by the
25 federal Centers for Disease Control and Prevention (CDC) to
26 collect, analyze, and report risk-adjusted HAI data related to the
27 incidence of HAI and the process measures implemented to prevent
28 these infections.

29 (g) “Program” means the health care infection surveillance,
30 prevention, and control program within the department.

31 SEC. 5. Section 1288.5 of the Health and Safety Code is
32 amended to read:

33 1288.5. (a) By July 1, 2007, the department shall appoint a
34 Healthcare Associated Infection Advisory Committee (HAI-AC)
35 that shall make recommendations related to methods of reporting
36 cases of hospital acquired infections occurring in general acute
37 care hospitals, and shall make recommendations on the use of
38 national guidelines and the public reporting of process measures
39 for preventing the spread of HAI that are reported to the department
40 pursuant to subdivision (b) of Section 1288.8.

1 (b) The advisory committee shall include persons with expertise
2 in the surveillance, prevention, and control of hospital-acquired
3 infections, including department staff, local health department
4 officials, health care infection control professionals, hospital
5 administration professionals, health care providers, health care
6 consumers, physicians with expertise in infectious disease and
7 hospital epidemiology, and integrated health care systems experts
8 or representatives.

9 (c) The advisory committee shall meet at least every quarter
10 and shall serve without compensation, but shall be reimbursed for
11 travel-related expenses that include transportation, lodging, and
12 meals at the state per diem reimbursement rate.

13 (d) In addition to the responsibilities enumerated in subdivision
14 (a), the advisory committee shall do all of the following:

15 (1) Review and evaluate federal and state legislation, regulations,
16 and accreditation standards and communicate to the department
17 how hospital infection prevention and control programs will be
18 impacted.

19 (2) In accordance with subdivision (a) of Section 1288.6,
20 recommend a method by which the number of infection prevention
21 professionals would be assessed in each hospital.

22 (3) Recommend an educational curriculum by which health
23 facility evaluator nurses and department consultants would be
24 trained to survey for hospital infection surveillance, prevention,
25 and control programs.

26 (4) Recommend a method by which hospitals are audited to
27 determine the validity and reliability of data submitted to the NHSN
28 and the department.

29 (5) Recommend a standardized method by which an HAI
30 occurring after hospital discharge would be identified.

31 (6) Recommend a method by which risk-adjusted HAI data
32 would be reported to the public, the Legislature, and the Governor.

33 (7) Recommend a standardized method by which department
34 health facility evaluator nurses and consultants would evaluate
35 health care workers for compliance with infection prevention
36 procedures including, but not limited to, hand hygiene and
37 environmental sanitation procedures.

38 (8) Recommend a method by which all hospital infection
39 prevention professionals would be trained to use the NHSN HAI
40 surveillance reporting system.

1 SEC. 6. Section 1288.8 of the Health and Safety Code is
2 amended to read:

3 1288.8. (a) By January 1, 2008, the department shall take all
4 of the following actions to protect against ~~hospital-associated~~
5 ~~infection (HAI)~~ HAI in general acute care hospitals statewide:

6 (1) Implement an HAI surveillance and prevention program
7 designed to assess the department's resource needs, educate health
8 facility evaluator nurses in HAI, and educate department staff on
9 methods of implementing recommendations for disease prevention.

10 (2) Revise existing and adopt new administrative regulations,
11 as necessary, to incorporate current federal Centers for Disease
12 Control and Prevention (CDC) guidelines and standards for HAI
13 prevention.

14 (3) Require that general acute care hospitals develop a process
15 for evaluating the judicious use of antibiotics, the results of which
16 shall be monitored jointly by appropriate representatives and
17 committees involved in quality improvement activities.

18 (b) On and after January 1, 2008, each general acute care
19 hospital shall implement and annually report to the department on
20 its implementation of infection surveillance and infection
21 prevention process measures that have been recommended by the
22 federal Centers for Disease Control and Prevention Healthcare
23 Infection Control Practices Advisory Committee, as suitable for
24 a mandatory public reporting program. Initially, these process
25 measures shall include the CDC guidelines for central line insertion
26 practices, surgical antimicrobial prophylaxis, and influenza
27 vaccination of patients and healthcare personnel. In consultation
28 with the advisory committee ~~established pursuant to Section~~
29 ~~1288.5~~, the department shall make this information public no later
30 than six months after receiving the data.

31 (c) ~~The Healthcare Associated Infection Advisory Committee~~
32 *advisory committee* shall make recommendations for phasing in
33 the implementation and public reporting of additional process
34 measures and outcome measures by January 1, 2008, and, in doing
35 so, shall consider the measures recommended by the CDC.

36 (d) Each general acute care hospital shall also submit data on
37 implemented process measures to the National Healthcare Safety
38 Network of the CDC, or to any other scientifically valid national
39 HAI reporting system based upon the recommendation of the
40 federal Centers for Disease Control and Prevention Healthcare

1 Infection Control Practices Advisory Committee or to another
2 ~~sufficiently~~ *scientifically* valid reporting database, as determined
3 by the department based on the recommendations of the HAI-AC.
4 Hospitals shall utilize the federal Centers for Disease Control and
5 Prevention definitions and methodology for surveillance of HAI.
6 Hospitals participating in the California Hospital Assessment and
7 Reporting Task Force (CHART) shall publicly report those HAI
8 measures as agreed to by all CHART hospitals.

9 (e) In addition to the requirements in subdivision (a), the
10 department shall establish an infection surveillance, prevention,
11 and control program to do all of the following:

12 (1) Designate infection prevention professionals to serve as
13 consultants to the licensing and certification program.

14 (2) Provide education and training to department health facility
15 evaluator nurses and consultants to effectively survey hospitals
16 for compliance with infection surveillance, prevention, and control
17 recommendations, as well as state and federal statutes and
18 regulations.

19 (3) By January 1, 2011, in consultation with the HAI-AC,
20 develop a scientifically valid statewide electronic reporting system
21 or utilize an existing scientifically valid database system capable
22 of receiving electronically transmitted reports from hospitals related
23 to HAI.

24 (4) Provide current infection prevention and control information
25 to the public on the Internet.

26 (5) ~~Provide~~ *Beginning January 1, 2011, provide* to the Governor,
27 the Legislature, and the Chairs of the Senate Committee on Health
28 and Assembly Committee on Health, and post on the department's
29 Web site, an annual report ~~of each hospital's risk-adjusted HAI~~
30 ~~incidence rates.~~ *of publicly reported HAI infection information*
31 *received and reported pursuant to this article.*

32 (f) ~~The department shall follow a risk adjustment process that~~
33 ~~is consistent with the federal Centers for Disease Control and~~
34 ~~Prevention's National Healthcare Safety Network (NHSN), or its~~
35 ~~successor, and use its definitions, unless the department adopts a~~
36 ~~fair and equitable risk adjustment process that is consistent with~~
37 ~~the recommendation of the HAI-AC, or its successor.~~

38 (g) ~~For purposes of paragraphs (3) and (5) of subdivision (e):~~

1 ~~(1) An infection shall be reported using the NHSN definitions~~
2 ~~unless the department accepts the recommendations of the~~
3 ~~HAI-AC, or its successor.~~

4 ~~(2) If the federal Centers for Disease Control and Prevention~~
5 ~~does not use a public reporting model for specific~~
6 ~~health-facility-acquired infections, then the department shall base~~
7 ~~its public reporting of incidence rate on the number of inpatient~~
8 ~~days for infection reporting, or the number of specified device~~
9 ~~days for relevant device-related infections, and the number of~~
10 ~~specified surgeries conducted for surgical site infection reporting,~~
11 ~~unless the department adopts a public reporting model that is~~
12 ~~consistent with recommendations of the HAI-AC, or its successor.~~

13 SEC. 7. Section 1288.95 is added to the Health and Safety
14 Code, to read:

15 1288.95. (a) No later than January 1, 2010, a physician
16 designated as a hospital epidemiologist or infection surveillance,
17 prevention, and control committee chairperson shall participate in
18 a continuing medical education (CME) training program offered
19 by the federal Centers for Disease Control and Prevention (CDC)
20 and the Society for Healthcare Epidemiologists of America, or
21 other recognized professional organization. The CME program
22 shall be specific to infection surveillance, prevention, and control.
23 Documentation of attendance shall be placed in the ~~physicians'~~
24 *physician's* credentialing file.

25 (b) Beginning January 2010, all staff and contract physicians
26 and all other licensed independent contractors, including, but not
27 limited to, nurse practitioners and physician assistants, shall be
28 trained in methods to prevent transmission of HAI, including, but
29 not limited to, MRSA and Clostridium difficile infection.

30 (c) By January 2010, all permanent and temporary hospital
31 employees and contractual staff, including students, shall be trained
32 in hospital-specific infection prevention and control policies,
33 including, but not limited to, hand hygiene, facility-specific
34 isolation procedures, patient hygiene, and environmental sanitation
35 procedures. The training shall be given annually and when new
36 policies have been adopted by the infection surveillance,
37 prevention, and control committee.

38 (d) Environmental services staff shall be trained by the hospital
39 and shall be observed for compliance with hospital sanitation
40 measures. The training shall be given at the start of employment,

1 when new prevention measures have been adopted, and annually
2 thereafter. Cultures of the environment may be randomly obtained
3 by the hospital to determine compliance with hospital sanitation
4 procedures.

5 SEC. 8. No reimbursement is required by this act pursuant to
6 Section 6 of Article XIII B of the California Constitution because
7 the only costs that may be incurred by a local agency or school
8 district will be incurred because this act creates a new crime or
9 infraction, eliminates a crime or infraction, or changes the penalty
10 for a crime or infraction, within the meaning of Section 17556 of
11 the Government Code, or changes the definition of a crime within
12 the meaning of Section 6 of Article XIII B of the California
13 Constitution.